

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

WASTEWATER BYPASS REPORT FORM

A bypass is any diversion of waste streams from any portion of a treatment facility or collection system. **Within 24 hours of discovery**, notify the KDHE Central Office in Topeka [telephone (785)296-5517 or fax (785)296-5509] or your local KDHE district office and provide as much of the information requested below as is available at this time. **Within five days of discovery**, confirm the bypass to KDHE, in writing using this form, adding any additional details of the bypass. (If the bypass has been resolved within the 24 hour immediate reporting requirement, you may combine the immediate notification and the five day written confirmation on this form.) See the **Immediate Reporting Required** paragraph in the Standard Conditions of your permit for more information.

1. City Name: _____ Permit No. _____
(Required)

2. Plant Name: _____

3. KDHE Person Contacted: _____

Date Contacted: _____ Time Contacted: _____

4. Date Bypass Started: _____ Time: _____

5. Date Bypass Ended: _____ Time: _____

6. Approximate Number Gallons Bypassed: _____

7. Bypass Locations: (i.e. Lift Station, Plant Bypass, Manhole) (Complete for all applicable)

Pump Or Lift Station / Identify _____

Manhole / No. or Location _____

In Plant Bypass / Location _____

Other / Identify _____

8. Cause of Bypass: _____

9. Corrective Action, if any: _____

10. Your Name: _____ Title: _____ Date Signed: _____

Mail to: **KDHE - Bureau of Water (TSS)**
ATTN: Chris Seeds
1000 SW Jackson St., Suite 420
Topeka, KS 66612-1367

Or FAX to: **(785) 296-5509**
Chris Seeds / BOW-TSS